

CARDHOLDER DISPUTE FORM

Credit/Debit Account #: _____ Cardholder Name: _____
(16 Digit Card Number)

Cardholder Phone #: _____ Dispute Amount: \$ _____ Post Date: _____

Merchant Name: _____ Disputing more than one item? Yes No

If Yes, then this is number _____ of _____ (i.e.: 1 of 3) **ONLY ONE TRANSACTION PER FORM**

E-mail Address: _____

SIGNATURE REQUIRED: _____

**BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT
TO RESOLVE THE DISPUTE WITH THE MERCHANT.**

Select Type of Dispute (Check ONLY one)

Did not recognize – Please attempt to contact the merchant prior to disputing the charge.

- When did the Cardholder contact the Merchant? (mm/dd/yy) _____
- What was the outcome of the merchant contact? _____

I was billed twice for a single purchase - Cardholder certifies one transaction is valid, but posted more than once.

All cards issued to me are in my possession.

- Valid Transaction: \$ _____ Post Date: _____
- Invalid Transaction: \$ _____ Post Date: _____

Membership Cancellation – Please enclose a copy of the **letter, e-mail, or fax** informing the merchant of cancellation.

- When did the cardholder contact the merchant? _____
- Reason for cancellation? _____

• Date of cancellation: _____ Cancellation #: _____

- Were you advised of a cancellation policy? Yes No

If Yes, what were you told? _____

Merchandise was returned – You **must** attempt to return the merchandise prior to exercising this right.

Please attach a signed proof of return or credit slip.

- What was ordered? _____
- What was received? _____
- Reason for returning? _____
- Was merchandise suitable for the purpose intended? _____
- Merchant's response: _____

I did not receive the merchandise – Please contact the merchant and notify us of the outcome.

- When did the Cardholder contact the Merchant? (mm/dd/yy) _____
- What was the outcome of the merchant contact? _____
- What was the expected delivery date? _____ Pickup date? _____
- Did the Cardholder cancel with the Merchant? Yes No
If Yes, when? _____ How? _____
- What was the merchandise that was ordered? _____

I was overcharged for the purchase – Please include a copy of the signed sales receipt.

My credit posted as a sale – Please attach a copy of the dated credit slip and the original sales slip.

The credit did not post to my account – Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

I paid by other means – You **must** provide proof of paid by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card.

- When did the Cardholder contact the Merchant? _____
- What was the outcome of the merchant contact? _____

I was charged for a hotel room, which I cancelled – Cancellation number is **required**.

- Were you advised of a cancellation policy? Yes No
- If Yes, what was the policy? _____
- Cancellation #: _____ **(REQUIRED)** Cancel date: _____
- Copy of phone bill showing you contacted the merchant to cancel.

Service Dispute – Please describe the nature of your dispute and your attempts at resolution on a **separate sheet of paper and attach it to this form**. Include copies of second opinions from a certified merchant on their invoice or letterhead, repair bills, contract or other supporting documentation.

I did not authorize this charge – I certify that I did not authorize or participate in this transaction with the above-mentioned merchant, nor did I authorize anyone else to use my card. To use this option, you **must** report your card lost or stolen. If you have not, please call **800.449.7728** before sending in this form.

- If this was for a hotel room, did you request a reservation? Yes No
If Yes, this is **not** an authorized charge. You must call the merchant and attempt to resolve the dispute. If you received a cancellation number for a reservation, please see the dispute reasons listed above.

Other – Please enclose a **DETAILED** description on a **SEPARATE SHEET** and **attach** it to this form.

DISPUTES – FAX # (727) 571-4598 ■ PHONE (888) 918-7322

*DSP Cardholder Dispute Form/OPS352
Revised 03/24/04*